



3673 \$

TRANSMITTAL FORM	Application Number	09/428,508	
	Filing Date	October 27, 1999	
	First Named Inventor	Callinan	
	Art Unit	3673	
	Examiner Name	Frederick L. Lagman	
Total Number of Pages in This Submission	15	Attorney Docket Number	201423-0009

ENCLOSURES (check all that apply)	PETITION FOR EXTENSION OF TIME
<input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input type="checkbox"/> Other:	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. <input checked="" type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$110.00 (37 CFR 1.17(a)(1)-(5)). <input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.

CLAIMS FEES								
<input type="checkbox"/> No additional claim fee is required.								
				Small Entity		Large Entity		
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate	Addit. Claim Fee
Total	58	-	58	=0	x 9=	\$0	x 18=	\$
Independent	12	-	10	=2	x 43=	\$86.00	x 86=	\$
<input type="checkbox"/> First Presentation of Multiple Claim					+ 145=	\$0	+ 290=	\$

ENCLOSED FEES	
<input checked="" type="checkbox"/> Additional Claim Fee	\$86.00
<input type="checkbox"/> Extension fee for one-month	\$110.00
<input type="checkbox"/> Information Disclosure Statement	\$180.00
<input type="checkbox"/> Surcharge for Missing Parts - Declaration	\$130.00
<input type="checkbox"/> Terminal Disclaimer	\$110.00
GROUP 3600	TOTAL FEES ENCLOSED \$86.00

PAYMENT OF FEES	
<input type="checkbox"/> A check in the amount of \$ is enclosed.	
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.	
<input checked="" type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$86.00.	

SIGNATURE OF ATTORNEY	
Barry W. Sufrin, Reg. No. 27,398 MICHAEL BEST & FRIEDRICH, LLC 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818	 Signature Date: November 12, 2003

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is: <input type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number <input checked="" type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below	
Typed or printed name	Carol A. Graves
Signature	Date: November 12, 2003